														REQUIREMEN	TS BY PROGR	AM OF PARTICI	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker	Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REO) (Adult)	Reen by Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram" State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2803	Veteran, Post-9/11 Era	IN 1	Record 1 if participant is a post-9/11 era veteran Record 0 if the participant is not a post-9/11 era veteran.	1 = Yes 0 = No																	R		R
2804	At Risk of Homelessness	IN 1	An individual is at risk for homelessness when the individual lacks the resources and support networks needed to obtain housing. The risk must be real and imminent. In some sense,	1 = Yes 0 = No																			
			anyone living below the poverty level may be at risk of homelessness. Being at risk for homelessness is considered along with actual homelessness as a single priority for service and a single factor for the most-in-need measure. An individual may be																				
			either at risk for homelessness or homeless, but not both at once. Record 1 if the participant is at risk for homelessness. Record 0 is the participant is not at risk for homelessness.																		R		R
			record of the participant of rocks have for nonnecessaries.																				
2805	Failed to Find Employment After Receiving WIOA Title I	IN 1	Record 1 if the participant was enrolled in WIOA Title I (adult services) prior to enrolling in SCSEP and was unable to obtain employment before enrolling in SCSEP.	1 = Yes 0 = No																			
	Services		Record 0 if the participant does not meet conditions above.																		R		R
2806	Low Employment Prospects	IN 1	Low employment prospects means it is likely that an individual will not obtain employment without the assistance of SCSEP or another workforce development program. Persons with low employment prospects have a significant barrier to employment. Significant barriers to employment may include, but are not limited to: lacking a substantial employment history,	1 = Yes 0 = No																			
			employment may include, out are not mineted to lackning a bight school diploma or the share skills, and/or English language proficiency; lackning a high school diploma or the equivalent; having a disability; being homeless; or residing in socially and economically isolated rural or urban areas where employment opportunities are limited.																		R		R
2807	SCSEP Eligible	IN 1	Record 1 if the applicant is SCSEP eligible. Record 0 if the applicant is not eligible	1 = Yes 0 = No																	R		R
2808	Reason for Ineligibility (Recert)	IN 4	If the applicant is ineligible, record the reason for ineligibility at recertification. Record all that apply.	1 = Income 2 = Failed to file complete Application 3 = Others																			
			Record 0 if the participant remains eligible at recertification.	0 = Eligible																			
																					R		R
																						<u></u>	
2809	Date of Recertification Determination	DT 8	Record the date on which the authorized individual made the eligibility determination at recertification.	YYYYMMDD																			R
2810	Severe Disability	IN 1	Record 1 if applicant has Severe Disability. Severe Disability is a severe, chronic disability	1 = Yes																		_	
			attributable to mental or physical impairment, or a combination of mental and physical impairments, that (A) is likely to continue indefinitely, and (B) results in substantial functional limitation in 3 or more of the following areas of major life activity: (i) self-care, (iii) receptive and expressive language, (iiii) learning, (iv) mobility, (v) self-direction, (vi) capacity for	0 = No																			
			independent living, (vii) economic self-sufficiency. Severe disability is to be recorded in addition to disability. Each is counted separately for the most-in-need measure. Severe disability must be documented by a physician.																		R		R
			Record 0 if applicant does not the Severe Disability conditions.																				
2811	Date of Last Update (Severe Disability)	DT 8	Record most recent date that participant was deemed to have a severe disability. For each program year thereafter, enter the date of updating the factor if grantee wants to receive	YYYYMMDD																	R		R
2812	Frailty	IN 1	credit in the most-in-need measure or to use the factor to support a walver request for the participant. Record 1 if applicant is Frail. Frail means that an individual SS years of age or older is determined to be functionally impaired because the individuals (A(I)) is unable to perform at	1 = Yes 0 = No																	n.		•
			least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (ii) at the option of the grantee, is unable to perform at least three such activities without such assistance; or (8) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a	0-110																	R		R
			manner that poses a serious health or safety hazard to him- or herself or to another individual. Frailty must be documented by a qualified professional. Record 0 if applicant does not meet the Frail definition.																				
2813	Date of Last Update (Frailty)	DT 8	record or a special to describe the rate definition. Record the date of updating the factor if you want to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																	R		R
2814	Old Enough for but Not Receiving Social Security Title II	IN 1	Record 1 if an individual may qualify for SS retirement benefits at age 62. If an individual is 62 or over but does not have sufficient wage credits to qualify for retirement benefits. This	1 = Yes 0 = No																			
			factor applies only if the participant is not monetarily eligible for Social Security. Record O If the participant qualifies but chooses to delay receipt to increase the amount of benefits.																				
																					R		R
2815	Date of Last Update (Old Enough for but Not Receiving	DT 8	Record the date of updating the factor if you want to receive credit in the most-in-need measure or to use the factor to support a walver request for the participant	YYYYMMDD																			
2816	Social Security Title II) Severely Limited Employment	IN 1	Record 1 if applicant is a severely limited employment prospects in area of persistent	1 = Yes																	R	<u> </u>	R
	Prospects in Area of Persistent Unemployment		unemployment, This element has two separate requirements: 1. Severely limited employment prospects, and 2. Besidence in an area of persistent unemployment. Both must be met for a "yes" answer. Severely limited employment prospects means a substantially higher likelihood that an	0 = No																			
			individual will not obtain employment without the assistance of the SCSEP or another workforce development program. Persons with severely limited employment prospects have more than one significant barrier to employment; significant barriers to employment may include but are not limited to: lacking a substantial employment history, basic skills, and/or																		R		R
2817	Date of Last Update (Severely	DT 8	English-language proficiency; lacking a high school diploma or the equivalent; having a disability, being homeless; or residing in socially and economically isolated rural or urban areas where employment opportunities are limited. Record the date of updating the factor to receive credit in the most-in-need measure or to	YYYYMMDD																		<u> </u>	
	Limited Employment Prospects in Area of Persistent Unemployment)		use the factor to support a walver request for the participant.							_											R	<u></u>	R
2818	Limited English Proficiency	IN 1	Record 1 if the participant cannot speak or read English well enough to fully participate in all aspects of the program. Record 0 if the participant is able to participate in all aspects of the program. There is no substantive change in the definition. An LEP individual is one who does not speak	1 = Yes 0 = No									-								R		R
2819	Date of Last Update (Limited English Proficiency)	DT 8	English as his or her primary language and who has a limited ability to read, speak, write, or understand English. If you are in doubt, ask the participant	YYYYMMDD					-	+	-												
2820	Low Literacy Skills	IN 1	Record I if the participant calculates or solves problems, reads, writes, or speaks English at or								\parallel										R		R
2821	Date of Last Update (Low	DT 8	below the 8th grade level or is unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in the individual's family, or in society. Record the date of updating the factor to receive credit in the most-in-need measure or to	0 = No YYYYMMDD																	R	<u> </u>	R
	Literacy Skills)		use the factor to support a walver request for the participant.																		R		R
2822	Type of Placement		Record 1 if participant is working full-time at placement. Record 2 if participant is working part-time at placement.	1 = Full-time 2 = Part-time										R	R						R		R
2824	Participant returned to SCSEP within the first 90 days of exit Has the participant re-enrolled	IN 1	Record 1 if participant returned to SCSEP within the first 90 days of exit. Record 0 if participant did not returned to SCSEP within the first 90 days of exit. Record 1 if the participant re-enrolled in SCSEP within the first 90 days after exit.	1 = Yes 0 = No 2 = Yes							1												R R
2826	in SCSEP within the first 90 Approved Break Start		Record the start date of any approved break in participation, such as a leave of absence without pay.	0 = No YYYYMMDD		H		\dashv															
																					R		R
2827	Approved Break End Date	DT 8	Record the end date of any approved break in participation.	YYYYMMDD									_		_		_				R		R
2828	Reason for Approved Break in Participation	IN 1	Record the reason for the leave of absence or other approved break in participation.	1 = Family/health 2 = Personal 3 = Administrative							+										R		B
2829	Participant Community Service	IN 1	Record where participant is assigned to for his or her community service assignment.	4 = Other 1 = Grantee or sub-recipient/ local project							-										ĸ	<u> </u>	K
2830	Assignment Supportive Service Provider	IN 1	Record 1 if participant received supportive services from the grantee or sub-recipient/local	2 = Workforce Partner 3 = Other host agency 1 = Grantee or sub-recipient/local project				\parallel			4			R	R							 	R
			project. Record 2 if participant received supportive services from the workforce partner. Record 3 if participant received supportive services from both the grantee or sub- recipient/local project and the workforce partner.	2 = Workforce partner 3 = Both 1 and 2 4 = Other																	R		R
2831	Wage per Hour (Community Service Assignment)	DE 8.2	Record 4 if participant received supportive services from other sources. Record the current wage at the community service assignment.	000000.00				\parallel			1										R		R
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DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reenty Employment Opportunities (REO)	Reenty Employment Opportunities (REO)	Youthbuild	Jobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Ap prenticeship	Demonstration Grants
2832	Total Hours Paid in 1st Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.										q								R		R
2833	Total Hours Paid in 2nd Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.																		R		R
2834	Total Hours Paid in 3rd Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2835	Total Hours Paid in 4th Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2836	Total Hours of Paid Training in 1st Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2837	Total Hours of Paid Training in 2nd Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2838	Total Hours of Paid Training in 3rd Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000																			
																					R		R
2839	Total Hours of Paid Training in 4th Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-granteer's wage records.	000																	R		R
2840	Other Reasons for Exit (SCSEP-	IN 1	Record the reason that applies at the time of exit.	1 = Moved from area																	R		R
2841	Only) Exclusion After Exit	IN 1	Record 1 if it was discovered that the participant was deceased after exit. Record 2 if it was discovered that the participant had medical condition after exit	2 = For cause 3 = Voluntary 1 = Deceased 2 = Medical Condition																	ĸ		к
			Record 3 if it was discovered that the participant was caring for a family after exit. Record 4 if it was discovered that the participant was institutionalized after exit.	3 = Family Care 4 = Institutionalized																	R		R
2842	Date Exclusion Occurred	DT 8	Record the date that the exclusion occurred.	YYYYMMDD																			R
2843	Host Agency Employer	IN 1	Record 1 if the employer is a host agency. Unsubsidized employers that have served as a host agency for any participant (under any state or national grant) in the last 12 months will not be included in the customer service survey of employers.																		R		R
2844	Employer Type	IN 1	Record 1 if employer is a not-for-profit entity, Record 2 if employer is a for-profit entity. Record 3 if employer is a government entity. Record 4 if employer is a government entity. Record 4 if the participant is engaged in self-employment.	1= Not-for-profit 2= For-profit 3= Government 4= Self-employment																			R
2845	Placement Start Date	DT 8	Record the date on which the participant began work with this employer. This will be the date of placement for measurement purposes.	YYYYMMDD																			
2846	Placement End Date	DT 8	Record the date on which the unsubsidized employment with this employer ended. If there is	YYYYMMDD										R	R						R		R
2847	SCSEP Application Date	DT 8	additional unsubsidized employment within four quarters after the quarter of exit from SCSEP, all unsubsidized employment may be included in the performance measures Record the date on which the individual first applied for Senior Community Service	YYYYMMDD																	R		R
	SCSEP Application Date .10 - APPRENTICESHIP	D18	Record the date on which the individual first applied for Senior Community Service Employment Program services/benefits under the applicable certification.	(MINIO)																			R
2900	RAPIDS Number	AN 12	Record the RAPIDS number for the participant who is a registered apprentice (Registered Apprenticeship Partners Information Data System). Leave blank if this data element does not apply.	xxxxxxxxxx																		R	R
2901	Pre-Apprenticeship Program Status	IN 1	Note: There are no ARAIDS numbers for pre-apprentices. Record 1 for participants enrolled in a pre-apprenticethip program. Record 2 for participants who cancelled or withdrew from their pre-apprenticeship program. Record 3 for participants who completed their pre-apprenticeship program and did not continue into an apprenticeship program. Record 3 for participants who completed their pre-apprenticeship and continued into a registreed apprenticeship program during program participation (RAP). Record 5 for participants who completed their pre-apprenticeship and continued into an industry-recognized apprenticeship program (RAP). Leave blank if this data element does not apply. Note: Status can change over time.															R				R	R
2902	Date Enrolled in Pre- Apprenticeship	DT 8	Record the date the participant started the pre-apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD																		R	R
2903	Expected Completion Date: Pre-Apprenticeship	DT 8	Record the expected completion date of the pre-apprenticeship program, which should be prior to program exit. Leave blank if this data element does not apply.																			R	R
2904	In Pre-Apprenticeship Program with an Articulated Agreement	IN 1	Record 1 if the participant is in a pre-apprenticeship program where a Memorandum of Understanding (MOU). Memorandum of Agreement (MOO) or other formal agreement exists between the pre-apprenticeship program and the Registered Apprenticeship Program or Industry-Recording and Apprenticeship Program. Record 2 if no formal agreement exists between the pre-apprenticeship program and an apprenticeship program. Leave blank if this data element does not apply.	2 = No																		R	R
2905	Date Completed Pre- Apprenticeship	DT 8	Record the date the participant completed the pre-apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD																		R	R
2906	Date Changed Status from Pre-Apprentice to Apprentice	DT 8	Record the date the participant's status changed from pre-apprentice to apprentice. Leave blank if this data element does not apply. Note:This may be the same date (or shortly thereafter) as pre-apprenticeship	YYYYMMDD																			R
2907	Apprenticeship Program Status	IN 1	program completion. Record 1 for participants enrolled in an apprenticeship program. Record 2 for participants who cancelled or withdrew from their apprenticeship program. Record 3 for participants who cancelled or withdrew from their apprenticeship program. Record 3 for participants who completed their apprenticeship program.	1 = Enrolled 2 = Cancelled or Withdrew 3 = Completed														R				R	R
2908	Date Started Apprenticeship	DT 8	Leave blank if this data element does not apply. Note: Status can change over time. Record the date the participant started the apprenticeship program.	YYYYMMDD																			
2909	Expected Completion Date:	DT 8	Leave blank if this data element does not apply. Record the expected completion date of the apprenticeship program, whether or not	YYYYMMDD														R				R	R
	Apprenticeship		the participant is expected to complete the program during their participation. Leave blank if this data element does not apply.															R				R	R
2910	Type of Apprenticeship Program	IN 1	Record 1 if the apprenticeship program is a Time-Based program. Record 2 if the apprenticeship program is a Competency-Based program. Record 3 if the apprenticeship program is a Hybrid program. Leave blank if this data element does not apply.	1 = Time-Based 2 = Competency-Based 3 = Hybrid								-										R	R
2911	Date Completed Apprenticeship	DT 8	Record the date the participant completed the apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD														R				R	R
2912	Type of RTI Provider	IN 1	Record 1 if the provider of Related Training Instruction (RTI) is a Joint Apprenticeship Training Committee. Record 2 if the provider of RTI is a Community College. Record 3 if the provider of RTI is a Vocational or Technical School. Record 4 if the provider of RTI is a Veryal reducational institution. Record 5 if the provider of RTI is an entity to other than those previously noted. Lawe blank if this data element does not apply.	1 = JATC 2 = Community College 3 = Voc/Tech School 4 = 4-year educational institution 5 = Other																		R	R
2913	Type of Supportive Services Received	IN 3	Record up to 3 types of supportive services. Record 1 if the supportive service received by the participant is Transportation. Record 2 if the supportive service is Tools and/or Equipment. Record 3 if the supportive service is Uniforms. Record 4 if the supportive service is Child Carle. Record 4 if the supportive service is Child Carle. Record 5 if the supportive service is Child Carle. Record 5 if the supportive service is committing other than that previously listed. Leave blank if this data element does not apply.	1 = Transportation 2 = Tools/Equipment 3 = Uniforms 4 = Child Care 5 = Other																		R	R
2914	OA Apprenticeship Grants Program Status	IN 1	Record 1 if the participant is an individual who received a direct grant funded participant service. Examples include, but are not limited to O.I. and/or RT paid for through the grant, or other grant funded anticipant services provided. Record 2 if the individual has been impacted by the development or expansion of grant funded registered appreciation program enrolled in a registered appreciation of the program AND is excelled in a RDP and is a least 16 years old.	1= Yes, Participant 2= Reportable Individual (applies to state grantees only)																		R	R
2915	Received OIT Services (Identification of Funding Source(s))	IN 3	Record up to 3 sources of funding: Record I if the CDT reimbursement was funded by the apprenticeship grant. Record 2 if the CDT reimbursement was funded by WIOA Title I (Adult, Dislocated Worker, and/or Youth). Record 3 if the CDT reimbursement was funded by WIOA funding that was not Title I (i.e., either Title I or Title IV). Record 4 if the reimbursement was funded by a State funding source. Record 5 if the reimbursement was funded by the GI Bill. Leave blank if this data element does not apply.	1 = Grant Funded 2 = WIOA, (Title !) 3 = WIOA (not Title) 4 = State Funding Source 5 = GI Bill																			R

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					7_							> -	REQUIREMENTS BY PROGRAM OF PARTICIPATION¹										2
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual	Wagner-Pe ys er	WIOA Adults	WIOA Dislocated	WIOA Youth	Dislocated Worker Grants	(DWG) TAA	National Farmworker Jobs Program (NEJP)	Indian and Native American Program (IN)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' Stat Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grant
2916	Received RTI Services (Identification of Funding Source(s))	IN 3	Record up to 3 sources of funding: Record 1 if the Related Training and Instruction (RTI) was funded by the apprenticeship grant. Record 2 if the RTI was funded by MIOA Title I (Adult, Dislocated Worker, and/or Youth). Record 3 if the RTI was funded by WIOA funding that was not Title I (i.e., either Title	1 = Grant Funded 2 = WIOA (Title I) 3 = WIOA (not Title I) 4 = State Funding Source 5 = GI Bill																			R
			It or Title IV.) Record 4 if the RTI was funded by a State funding source. Record 5 if the RTI was funded by the GI Bill. Record 6 if the RTI was funded by a PELL Grant. Leave Blank if this data element does not apply. Record the houty was received on the Date of Esti.	6 = PELL Grant																			
2917	Exit Wage	DE 5.2	Record the hourry wage received on the Date of Exit. Leave blank if this data element does not apply.	000.00																		R	R
2918	Wage at Entry into Apprenticeship	DE 5.2	Record the hourly wage received on the date of entry into the apprenticeship program.	000.00																		R	R
2920	Apprenticeship Grant Number	AN 14	Record the 14 character apprenticeship grant number. The grant number should be entered in the following format without dashes: Two alphabets characters representing the grant program code-five numeric disnarcters. Two numeric characters representing the fiscal year when the grant was swinded-five numeric characters identifying the type of grant awarded-fore alphabetic character disnarcters algency at 12th A no numeric characters identifying the request algency at 12th A no numeric characters identifying the redward agency at 12th A numeric characters identifying the redward agency at 12th A numeric characters identifying the state that received the grant was served under (A.4.12345-1255-A.26). If the grant number i unknown, places enter 999999999999999999999999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX																		R	R
SECTION E	.11 ADDITIONAL MISC. ELEM	ENTS (ADDED 20	21)																				
3000	Direct Referral from Justice System	IN 1	Record 1 if participant is a direct referral from the Justice System. Record 2 if participant is not a direct referral from the Justice System.	1 = Yes 0 = No										R	R								R
3001	Most Recent Date Participating in Community Service/Restorative Justice	DT 8	Record the most recent date on which the enrollee participated in Community Service/Restorative Justice Leave blank if enrollee did not participate in Community Service/Restorative Justice	YYYYMMDD										R	R								R
3002	Received Legal Services	IN 5	Record 1 if participant received legal services regarding outstanding warrants. Record 2 if participant received legal services regarding child support. Record 3 if participant received legal services to obtain a retarding order. Record 3 if participant received legal services to obtain a retarding order. Record 5 if participant received legal services seeking to seal or expunge records. Record 5 if participant received other legal services. Leave blank if participant did not received gate services.	1 = Outstanding warrants 2 = Child support 3 = Obtain restraining order 4 = Seal or expunge records 5 = Other legal services										R	R								R
3003	Received Housing Assistance, Substance Abuse Treatment, or Mental Health Treatment	IN 5	Record 1 if participant received housing assistance (non-emergency) Record 2 if participant received solutiance above restament (non-emergency) Record 3 if participant received metal health treatment (non-emergency) Record 4 if participant received emergency housing assistance Record 5 if participant received emergency substance abuse treatment Record 6 if participant received emergency mental health treatment	1 = Housing assistance 2 = Substance abuse treatment 3 = Mental health treatment 4 = Emergency housing assistance 5 = Emergency substance abuse treatment 6 = Emergency mental health treatment										R	R								R
3004	Individualized Services Provided Virtual/Online	IN 2	Record the method in which the individualized services other than training were delivered to the participant at any point runing program participation. Record 1 if the participant received individualized services other than training that were delivered only through virtual/online methods. Record 2 if the participant received individualized services other than training that were delivered through in-person and virtual/online methods. Record 0 if the participant received individualized services other than training that	1 = Virtual/Online 2 = Mix of In-person and Virtual/Online 0 = No Virtual/Online, In-person Only	=	R	R	R	R	R	R						R	R			R		R
3005	Transitioning Service Member	IN 1	were delivered only through in-person methods. Leave blank if the participant did not receive any individualized services other than training at any point during program participation.	1 = Yes, received information and was																			
3003	Warm Handover	2	Record 1 if the transitioning service member (defined as a person who has not yet separated from the Us. military or has sparated in the past 180 days) was referred or offered additional services through the Department of Labor by his/her military lanch. Record 2 if the transitioning service member (defined as a person who has not yet separated from the U.S. military or has separated in the past 180 days) received the past of the U.S. military or has separated in the past 180 days) received by his/her military officer. Record 3 if the service member was not made aware of DOL services from his/her Commander.	1 - I es, receives ininitary officer. 2 - Ves, received information but visited AIC on their own accord. 3 = No, information was not provided. 0 = Not TSM		R											R						R
	Transitioning Service Member Housing Plan	IN1	Record a 1 if the transitioning service member (defined as a person who has not yet, separated from the U.S. millitary or has separated in the past 130 day) was assessed by the millitary as having an adequate post-transition housing plan. Record a 2 if the transitioning service member (defined as a person who has not yet reparated from the U.S. millitary or has separated in the part 180 day) was assessed you have been serviced by the part of the part of the part of the part of the participant is not at transitioning service member.	2 = No, housing plan is not adequate or non-existent 0 = Not TSM		R											R						R
3007	Referred from Department of Veterans Affairs (VA) Services	IN 1	Record 1 if the participant was referred to the ALF from the Department of Veterans Affairs Vocational Rehabilitation and Englyment Service for Labor Murket Information to be used in development of the Individual Written Rehabilitation Plan (IMPR). Note: this also will not begin a participation period. Record 2 if the participant was referred from the Department of Veterans Affairs Vocational Rehabilitation and Employment Service for employment services. Record 3 if the participant was referred from the Department of Veterans Affairs Record 4 if the participant was referred from the Department of Veterans Affairs Record 4 if the participant was referred from the Department of Veterans Affairs Record 5 if the participant vas referred from the Department of Veterans Affairs Needold Active Participant vas referred predictive to the Department of Veterans Affairs Vocational Rehabilitation participant or if the Department of Veterans Affairs Vocational Rehabilitation participant or Popular Vocational Rehabilitation participant or Record 9 if the participant indicates they were referred by the Department of Veterans Affairs, but does not specify which of the above programs referred them.	1. = Referred from the VA VREE for LM to be used in development of the VMP2. 2. = Referred from the VA VREE for employment service. 3. = Referred from the VA VREE for employment service. 3. = Referred from the VA Medical Content for employment service. 5. = Department of Veteran Staffsis Vocational Rehabilistation from the VA Medical Content for employment service. 5. = Department of Veterans Affairs Vocational Rehabilistation from the VA Medical Content for employment services. 9. = Referred by VA, Entity Unknown		R											R						R
3008	Family Unit Size	IN 2	Record the number of individuals (including the participant) that live with the individual and are a part of the individual's family, as defined by 20 CFR 685.110.	xx								R											R
3009	Formerly Incarcerated	IN 1	Record 1 if the participant is an eligible individual who has been incarcerated or beer under supervision following release from prison or jail within the last five years. Record 0 if the participant does not meet above conditions.	1 = Yes 0 = No																	R		
3010 Footnotes	Date of Last Update (Formerly Incarcerated)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																	R		

Cooling populated with Tir represent data elements that must be collected by the corresponding program.

2. The collection of data elements for reportable individuals is limited to the core programs (Adult, Dislocated Worker, Youth, and Wagner-Peyer Employment Service) only.

Public Burden Statement (1205-0521)

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory (Workforce Innovation and Opportunity Act, Section 116). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research • U.S. Department of Labor • Room N-5641 • 200 Constitution Ave., NW, • Washington, DC • 20210. Do NOT send the completed application to this address.